

Logos Baptist Church Milliken – Katalyst Fellowship

PARENTAL CONSENT FORM

EVENT: **Katalyst Fellowship Community Care Day**
Katalyst Fellowship will be participating in a Community Care Package Assembly Day. Please bring \$10 to cover the costs of the Community Care Packages. We will be meeting at Church, purchasing the items, then coming back to Church to assemble the packages. For more details, please talk to Rev. George Mah, Pastor Mike Wong (647-231-7012), or Cecilia Lam (647-273-8305).

DATE(S): FRIDAY, MARCH 15, 2019, 1430 – 2000

Location: Walmart, 5995 Steeles Ave E, Scarborough, ON M1V 5P7

To Whom It May Concern:

The undersigned does hereby give permission for my (our) child, _____, hereafter the participant, to attend and participate in the event listed above. (child's name)

I (We), the undersigned, authorize an adult, in whose care the participant has been entrusted, to consent of any emergency X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the participant, under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned participant pursuant to this authorization. Should it be necessary for the participant to return home due to medical reason or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for the participant to ride in any vehicle designated by the adult in whose care the participant has been entrusted while attending and participating in the event above organized by Logos Baptist Church Milliken.

Parent Signature

PARTICIPANT INFORMATION:

Address: _____

Phone: () _____

Health Card: _____

Date of Birth: _____ / _____ / _____
Month / Day / Year

PARENTAL INFORMATION:

Print Name: _____

Relationship (circle one): Father/Mother/Legal Guardian

Contact Number: () _____

Print Name: _____

Relationship (circle one): Father/Mother/Legal Guardian

Contact Number: () _____

EMERGENCY CONTACT: *(not parent or legal guardian)*

Name: _____

Relationship: _____

Phone: () _____

ALLERGIES or MEDICAL CONCERNS:
